MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR ☐ NEW PERMIT ☐ RENEWAL	PERMIT NUMBER	EXP. DATE	DPS CERT. NUMBER AND DATE

NAME	TITLE	AGE

DEPARTMENT OR TROOP	TELEPHONE

BUSINESS ADDRESS (STREET, TOWN, ZIP)

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an X is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (CLOCK HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN X BESIDE INSTRUMENTS FOR WHICH YOU REQUEST A PERMIT	NAME OF INSTRUCTOR

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. ***(Include copies of reports.)***

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		
4.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instruments on your current permit that you wish to transfer to the new permit. Disregarding those renewal procedures will result in a new permit for the new instrument only.

To renew a Type II permit, the applicant shall have completed two (2) maintenance reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) maintenance reports and five (5) subject tests for each breath analyzer for which renewal is requested. Copies of the maintenance reports, operational checklists, and printouts for the five (5) subject tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT ▶	DATE

RETURN COMPLETED APPLICATION TO THE:
DIRECTOR OF LABORATORIES, MISSOURI DEPARTMENT OF HEALTH, 307 W. McCARTY, JEFFERSON CITY, MO 65101